

AMENDED IN ASSEMBLY MARCH 26, 2003

CALIFORNIA LEGISLATURE—2003–04 REGULAR SESSION

**ASSEMBLY BILL**

**No. 879**

**Introduced by Assembly Member Koretz**

February 20, 2003

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An act to add Chapter ~~16~~ 17 (commencing with Section ~~121345~~ 121348) to Part 4 of Division 105 of the Health and Safety Code, relating to health care.

LEGISLATIVE COUNSEL'S DIGEST

AB 879, as amended, Koretz. Human immunodeficiency virus: ~~Post-exposure~~ *post-exposure* prophylaxis: task force.

Existing law makes provision for various programs relating to treatment of persons with the human immunodeficiency virus (HIV) and the acquired immune deficiency syndrome (AIDS). Under existing law, the Office of AIDS in the State Department of Health Services, which is the lead agency within the state, is responsible for coordinating state programs, services, and activities relating to HIV and AIDS, and AIDS-related conditions (ARC).

This bill would require the department, through the Office of AIDS, to convene a task force to develop ~~guidelines~~ *recommendations* for the use of post-exposure prophylaxis (PEP) in the general population, *for the prevention of HIV infection*. The bill would also establish requirements for task force membership and meetings.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

*The people of the State of California do enact as follows:*

SECTION 1. The Legislature finds and declares all of the following:

(a) Post-exposure prophylaxis (PEP) was first developed as a means to prevent human immunodeficiency virus (HIV) infections following accidental needle stick exposures by health care workers. The treatment usually involves a ~~two to~~ four week regime of antiretroviral drugs, beginning within hours of the HIV exposure.

(b) PEP is a ~~common~~ method of preventing HIV transmission following sexual assaults. It is also used in combination with other methods in preventing mother-child transmission of HIV. Increasingly, PEP is being used to reduce HIV infections following ~~unplanned sexual exposures~~ *nonoccupational exposures in the general population.*

(c) ~~Guidelines Recommendations~~ for PEP to reduce the risk of HIV transmission are available for physicians who treat health care workers and female victims of sexual assault in the State of California, as part of an overall comprehensive HIV prevention strategy. However, there are no guidelines addressing the use of PEP in nonassault exposures among the general population.

(d) Several countries, including France, ~~Canada~~ *Italy, Spain, Switzerland, Australia*, and South Africa, as well as the states of Rhode Island and Massachusetts have PEP guidelines to prevent infection after sexual exposure for ~~the general population. Results from these jurisdictions have shown fewer HIV transmissions for those receiving PEP after a potential sexual exposure compared to those who did not receive PEP after a potential sexual exposure.~~ *the general population. There is evidence from these jurisdictions that nonoccupational PEP can reduce HIV transmissions.*

(e) Guidelines from these entities, although effective, vary on several key points and need to be studied to best meet the needs of California residents. These include the efficacy and safety of treatment regimens, risk assessment evaluation, duration of treatment, length of time between exposure and commencement of PEP treatment, patient counseling, ~~physician~~ *health care provider* education and support, as well as evaluation and patient tracking.

(f) Preventing the spread of HIV is of paramount importance to public health. Effective use of PEP is ~~extremely~~ cost-effective when comparing the expense of a few weeks of antiretroviral drugs versus a lifetime of pharmaceutical and other medical treatments. Therefore, the Office of AIDS in the State Department of Health Services should develop PEP ~~guidelines~~ *recommendations* for use in incidents of HIV exposure in the general population.

SEC. 2. Chapter ~~16 17~~ (commencing with Section ~~121345~~ *121348*) is added to Part 4 of Division 105 of the Health and Safety Code, to read:

CHAPTER ~~16 17~~. POST-EXPOSURE PROPHYLAXIS

~~121345.—~~

*121348.* (a) The department, through its Office of AIDS, shall convene a task force to develop ~~guidelines~~ *recommendations* for the use of post-exposure prophylaxis (PEP) in the general population, for the prevention of human immunodeficiency virus (HIV) infection.

(b) In performing its duties under this chapter, the task force shall review and consider PEP guidelines established by other jurisdictions, both in the United States and abroad.

~~121346.—~~

*121348.2.* (a) The task force shall consist of no more than 10 members, including, but not be limited to, representatives *with PEP experience* from all of the following:

~~(1) Physicians.~~

~~(2) HIV-positive individuals.~~

~~(3) HIV service providers.~~

~~(4) The pharmaceutical industry.~~

~~(5) The Office of Aids.~~

*(1) Research scientists.*

*(2) Patients who have received PEP treatment.*

*(3) HIV physicians or clinicians.*

*(4) HIV prevention, education, or mental health providers.*

*(5) The pharmaceutical industry.*

*(6) Public health officials.*

*(7) The Office of AIDS.*

*(8) Health plan representatives.*

- 1 (b) In order to operate in as cost-effective a manner as possible,
- 2 the task force shall be subject to all of the following:
- 3 (1) It shall meet as few times as necessary to perform its duties.
- 4 (2) Its meetings shall be conducted by conference call,
- 5 whenever possible.
- 6 (3) Its members shall not be compensated or receive travel
- 7 allowances or other reimbursement.

